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01:26PM FROM-StoutUxaBuyanMullins

NOV 16 2005

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/661,400
		Filing Date	9/12/2003
		First Named Inventor	Marmo
		Group Art Unit	3738
		Examiner Name	Prebilic, P.B.
Total Number of Pages in This Submission	4	Attorney Docket Number	D-4108

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## Remarks

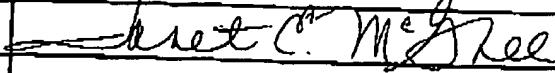
We do not believe a fee is due. If a fee should be due, you are hereby authorized to charge Deposit Account No. 21-0890, and charge any deficiencies and credit any overpayment

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Frank J. Uxa		
Date	11/16/2005	Reg. No.	25,612

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 571-273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Janet E. McGhee	Date	11/16/2005

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Appl. No. 10/661,400  
Reply to Office Action of October 17, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/661,400 Confirmation No. 6665  
Applicant : MARMO et al.  
Filed : September 12, 2003  
Title : DEVICES AND METHODS FOR IMPROVING VISION  
  
TC/A.U. : 3700/3738  
Examiner : PREBILIC, P.B.  
  
Docket No. : D-4108  
Customer No. : 33197

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<u>11/16/2005</u>	
<u>Jane E. McDer</u>	

RESPONSE TO OCTOBER 17, 2005 OFFICE ACTION

Sir:

In response to the Office Action of October 17, 2005,  
please consider the following remarks:

Remarks/Arguments begin on page 2 of this paper.